



Bandung Independent School

Learning Today... Leading Tomorrow

Summer Programme 2019

Bandung, 6th March 2019

Dear Parents,

The BIS nurse is only authorized to provide First Aid to students for minor injuries / ailments. For more serious injuries, parents will be contacted to arrange an examination by a doctor.

Please indicate below if you wish to authorize the school nurse (or her nominated replacement in the case of her absence) to administer any of the treatments listed while providing First Aid.

Best regards,

Taufik Khalid Ahmad & Lydia Oktavia

Summer Programme Coordinators

To: Fenti – School Nurse

From:

(Parent's Name):

Re (Student's Name) : Age

I give permission to the school nurse to provide the following medical treatment if required: (please tick ✓)

- Panadol (Tablet or syrup for headache, fever or as a painkiller)
- Iodine (Betadine liquid or ointment)
- Counterpain (Analgesic balm for muscle ache)
- Band aid (Hansaplast for covering the minor injuries)
- Caladine (Calamine oil or powder, in case of itches)
- Eucalyptus oil – external use only (Cajuput oil, herbal oil to relieve cold and belly pain)

In the event of the school Nurse being absent, I hereby give permission for **the supervising teacher** to provide the above medical treatments.

I understand that the School cannot be held responsible for any allergic reactions and legal liability arising from these medical treatments.

Parent Signature

Date



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Health Form Supplement

Throughout the year, many students have updated immunizations or developed minor health problems or allergies. You may also have changed your address or emergency contact details. Please complete the details below so that I can supplement your child's previous health form with this additional information. If you have any questions or concerns, please do not hesitate to contact me.

Student's name: Age:

Date of Birth: Nationality:

Parent's name: Hand Phone:

Address: Office Phone:

E-mail address:

Emergency contact: Phone No:

Relation of Emergency contact to you:

Allergies:

If your child has allergies, how does she/he react to the allergen?
(Please describe allergic symptoms):

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Is your child currently on any medication? If yes, what types?

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Does your child have any other health concerns? If so, please provide details:

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Parent Signature

Date

Thank you for the additional information.

Fenti
BIS School Nurse